

IV3000[◇] Case Study: Royal Adelaide Hospital

Hospital profile

The Royal Adelaide Hospital is a 680 bed teaching hospital. In 2009 the hospital had approximately 70,000 patient admissions¹ and performed 18,700 surgical procedures¹.

Background

An audit of peripheral intravenous (IV) care in 2009 identified a high incidence of cannula dislodgement.

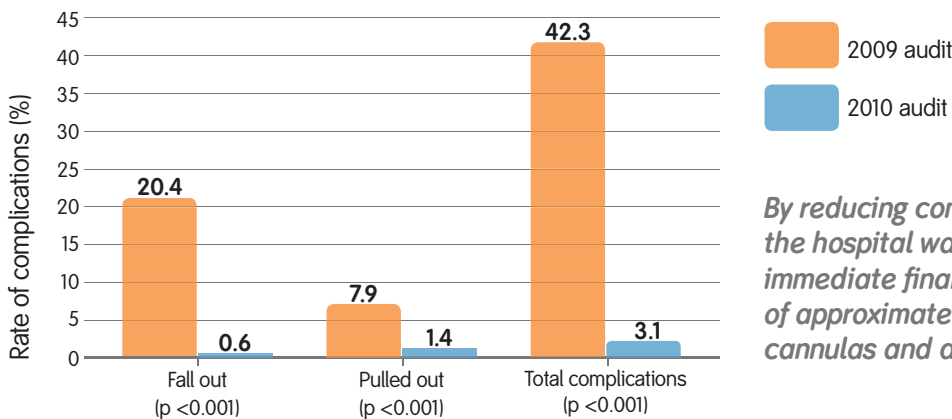
Overview

To assess reduction in IV cannula dislodgement following adoption of Smith & Nephew's IV3000[◇] dressing.

2009 IV consumables usage, prior to adoption of IV3000[◇]

IV film dressings per annum	260,000
Cannulas per annum	180,000
Average IV films per patient per admission	3.7
Average cannulas per patient per admission	2.5

Complication rates prior to and after adoption of IV3000[◇]



By reducing complication rates, the hospital was able to generate immediate financial savings of approximately \$77,700 on cannulas and dressings.

Outcomes

This audit demonstrates how IV3000[◇] has reduced economic costs and complications in patient care at a large Australian hospital.

- 1 Patient care:** Through the introduction of IV3000 at the Royal Adelaide Hospital, there has been a demonstrated reduction in IV complications improving patient comfort.
- 2 Financial savings:** Significant financial savings have been demonstrated due to the superior performance of IV3000 resulting in less dressing and cannula usage per annum.
- 3 Reduction in nursing time:** Although not captured in this audit, the assumption could be made that nursing time has also been reduced as nurses are performing less repeat IV dressing changes, freeing up nursing time in stressed units.

Nothing keeps an IV site dry like IV3000[◇]

Clinically proven to keep IV insertion sites dry

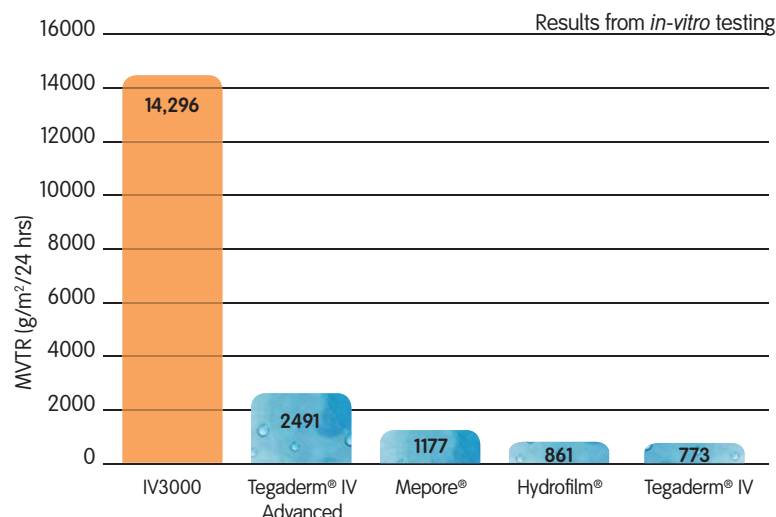
- Five times higher breathability than other transparent dressings²⁻⁵
- Reduces pooling of moisture to help the dressing stay in place without lifting⁶
- Reduces the risk of Catheter Line Blood Stream Infections (CLABSIs) by 25%^{6,7}
- Reduces the risk of catheter dislodgements, phlebitis and associated infection^{8,9}

In a clinical trial of the management of 3,931 central venous catheters, IV 3000 dressings were shown to reduce the incidence of catheter related infections by 25% when compared to Tegaderm® or tape and gauze.⁷

Increased patient comfort

- Reduced skin maceration
- Reduced pain on removal due to pattern-spread adhesive¹⁰
- Reduced risk of irritation due to low allergy adhesive

Moisture vapour transmission rates (MVTR)²⁻⁵



Ordering IV3000

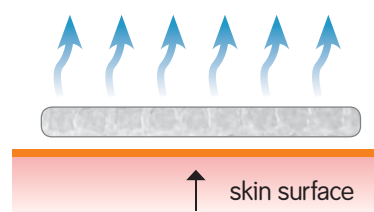
Dressing size	Code	Qty	Recommended indications
Standard application			
6cm x 8cm	4923	100	Ported / Paediatric
10cm x 14cm	4925	10	PICC / Midline
10cm x 14cm	4973	50	PICC / Midline
6cm x 8.5cm	4924	100	Peripheral
10cm x 20cm	4649	50	Central / Epidural
One Hand application			
5cm x 6cm	66004011	100	Paediatric
7cm x 9cm	4006	100	Ported / Peripheral
9cm x 12cm	66004009	50	Central / Jugular
11cm x 14cm	66800512	25	PICC / Midline
6cm x 7cm	4007	100	Peripheral
10cm x 12cm	4008	50	Central
Window frame application			
6cm x 7cm	59410082	100	Peripheral
10cm x 12cm	59410882	50	Central

REACTIC[◇] technology

Significantly more permeable to moisture than ordinary films¹¹. The dressing senses moisture accumulating underneath the film, 'switching on' to allow the excess moisture to transpire.

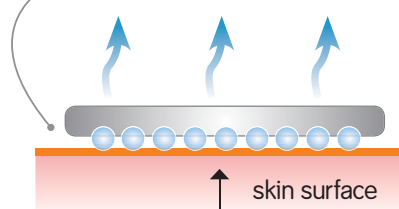
REACTIC[◇] Film technology keeps the site dry

Transpired moisture from skin through dressing



Other films

Transpiration and accumulation of moisture under dressing



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